File with: re Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, lows 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

510 E. 12 ^a , Ste. 1A Des Moires, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, S DISCLOSURE SU		· 		115 <i>t</i> .i. sa		
COMMITTEE NAME (Must be	same as on Statement of Organiza	lion)					
First Congressional District	1 1 7	ORM DR-2	DISCLOSURE				
/ 4 VRtatewick/Lacialative/Judge 5	of committee you are reporting for: 2 Manding for Retention Candidate (2)Sis)County Candidate (6)City Candidate y PAC (9)City PAC (10)School Soard	te PAC (3)State Party (7)School Board or Other Political or Other Political Subdivision PAC	(Re	v. 07/2007) Office Use Off	REPORT		
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Sca	ged In <u> </u>			
Office Sought		District (if Senate or House)	I 1	Ried			
James & Signature of Person Fil		563-556-5236 Telephone		1/15/0	8 IGNED		
I AM FILING A January 19, 2	2008	REPORT FOR (1) ELECTION	/(<u>2)N</u> ON-E	LECTION YE	AR.		
· =	eport dale)	Indicate by	# 2				
CHECK IF AMENDMENT T	O REPORT DATED		Local Comm	ittees, enter D	ate of Election		
				county & Local Committees, enter County in thich Election is held			
STATEM	ENT OF CASH ON HAND	,					
mention The en	ning of the reporting period. (Total count MUST be the same as the cast period or must be zero if this is first r	i on hand at the end	\$	794.01			
ADD TOTAL MONEY TAKEN IN THIS PERIOD				225.26			
Schedule A; Cash Contributions total (Attach Schedule A) ("also see in-kind below)				0.00			
Schedule F: Loan's Received total (Attach Schedule F)				0.00			
	Sales of Campaign Property (Attach : Happolies to Camplidetes' Committ				· · · · · · · · · · · · · · · · · · ·		
<u>(Schedule</u>	\$	1,019.27					
BUSTDACT TOTAL	MONEY SPENT THIS PERIOD						
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (*falso see debts and loans below))	0.00			
Schedule F: Loan Reptyments total (Atlach Schedule F)				0.00			
CARLI ON MAND at the end of this reporting period (if final report belance must be zero)				1,019.27			

REPORT FOR (1) ELECTION /(2 I AM FILING A Indicate by # 2 (report date) CHECK IF AMENDMENT TO REPORT DATED. ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. Co (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A; Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule Happlies to Candidates' Committees Only) SUB-TOTAL..... SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**alac see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) 0.00 **UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ 0.00 *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ 0.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ YE8 CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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For instructions, See Back of Form SCHEDULE MONETARY **CONTRIBUTIONS -- MONEY TAKEN IN** (Rev. 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS DOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM First Congressional District of Iowa C.O.P.E., AFL-CIO #6127

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNY RECEIVED	V IF FOR FUND- RAISER INCOME
10/02/07	ID# 6399	Dubuque Federation of Labor, AFL-CIO		2100.06	7,000
	CK# ₁₀₆₃	1610 Garfield Ave. Dubuque, IA 52001		\$185.26	
	ID#				r-
10/02/27	CK#	Registrations 8 @ \$5.00		40.00	L
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	CK#				
	SUB-TOTAL				
		TOTAL (If lest page of this schedule)			1

(for Schedule A)

225.26

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no tamilial relationship, enter "not applicable" in the relationship column.